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CONFIRMATION NO. 7147

SERIAL NUMBER 10/696,041	FILING OR 371(c) DATE 10/29/2003 RULE	CLASS 602	GROUP ART UNIT 3772	ATTORNEY DOCKET NO. ZM244/03001
APPLICANTS Joel S. Rossen, Tamarac, FL;				
** CONTINUING DATA ***** This appln claims benefit of 60/422,292 10/30/2002 and claims benefit of 60/499,118 08/29/2003				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/02/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input checked="" type="checkbox"/> Allowance		STATE OR COUNTRY FL	SHEETS DRAWING 25	TOTAL CLAIMS 64
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>CP</i>		INDEPENDENT CLAIMS 10		
ADDRESS 27868				
TITLE Simplified one-handed preemptive medical procedure site dressing to prevent sharps injuries and exposure to bloodborne pathogens				
FILING FEE RECEIVED 1147	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	